

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: SYSTEM AND METHOD FOR ADMINISTERING
HEALTH CARE COST REDUCTION

Attorney Docket Number:: 228278

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 13

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Howard
Middle Name::	R.
Family Name::	Underwood
Name Suffix::	
City of Residence::	Bryn Mawr
State or Prov. of Residence::	PA
Country of Residence::	US
Street of mailing address::	830 W. Montgomery Avenue #412
City of mailing address::	Bryn Mawr
State or Province of mailing address::	PA
Country of mailing address::	US
Postal or Zip Code of mailing address::	19010-3319
Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Walter
Middle Name::	
Family Name::	Kastenschmidt
Name Suffix::	
City of Residence::	North Wales
State or Prov. of Residence::	PA
Country of Residence::	US
Street of mailing address::	32 Harper Lane
City of mailing address::	North Wales
State or Province of mailing address::	PA
Country of mailing address::	US
Postal or Zip Code of mailing address::	19454

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: Aetna, Inc.

Street of mailing address:: 151 Farmington Avenue

City of mailing address:: Hartford

State or Province of
mailing address:: CT

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 01656-3124